

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
CITY OF OXNARD
CITY CLERK

11 MAR 15 AM 10:01

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
MacDonald Bryan A

1. Office, Agency, or Court

Agency Name

Oxnard City Council

Division, Board, Department, District, if applicable

Your Position

Councilman

► If filing for multiple positions, list below or on an attachment.

Agency: Economic Development of Oxnard

Position: Boardmember

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☒ City of Oxnard

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

☐ Leaving Office: Date Left ____/____/____
(Check one)

The period covered is ____/____/____, through December 31, 2010.

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year ____ Office sought, if different than Part 1: ____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

☐ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that

Date Signed March 7, 2011

(month, day, year)

Signature

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

| |
|---|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION |
| Name Bryan MacDonald |

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Saint John's Hospital Auxilliary

ADDRESS (Business Address Acceptable)

1900 North Rose Ave

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Medical

YOUR BUSINESS POSITION

n/a

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership
☐ Sale of _____
(Property, car, boat, etc.)
☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☒ Other Winnings from a charitable lottery
(Describe)

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership
☐ Sale of _____
(Property, car, boat, etc.)
☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

- ☐ None ☐ Personal residence

☐ Real Property

Street address

City

☐ Guarantor

☐ Other _____
(Describe)

Comments:

SCHEDULE D

Income – Gifts

| <div>▶ NAME OF SOURCE</div> <div>Herzog Winery</div> <div>ADDRESS (Business Address Acceptable)</div> <div>3201 Camino Del Sol, Oxnard</div> <div>BUSINESS ACTIVITY, IF ANY, OF SOURCE</div> <div>Alcohol Producer</div> <table> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> <tr> <td>12 / 01 / 10</td> <td>\$ 75.00</td> <td>Martini Set w/alcohol</td> </tr> <tr> <td> / / </td> <td>\$ </td> <td></td> </tr> <tr> <td> / / </td> <td>\$ </td> <td></td> </tr> </table> | DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) | 12 / 01 / 10 | \$ 75.00 | Martini Set w/alcohol | / / | \$ | | / / | \$ | | <div>▶ NAME OF SOURCE</div> <div></div> <div>ADDRESS (Business Address Acceptable)</div> <div></div> <div>BUSINESS ACTIVITY, IF ANY, OF SOURCE</div> <div></div> <table> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> <tr> <td> / / </td> <td>\$ </td> <td></td> </tr> <tr> <td> / / </td> <td>\$ </td> <td></td> </tr> <tr> <td> / / </td> <td>\$ </td> <td></td> </tr> </table> | DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) | / / | \$ | | / / | \$ | | / / | \$ | |
|--|-----------------|------------------------|------------------------|--------------|----------|-----------------------|-----|----|--|-----|----|--|---|-----------------|-------|------------------------|-----|----|--|-----|----|--|-----|----|--|
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Comments: